Working With

Child Advocacy Centers

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WORKING WITH CHILD ADVOCACY CENTERS

Introduction:

Child sexual abuse cases pose challenges to the systems charged with the investigation and prosecution of these cases. Historically, there was public denial that child sexual abuse even existed except in the rarest of circumstance. If reports of child sexual abuse were made to law enforcement or treatment providers at all, then the reports were discounted and defined as fabrications or fantasy on the part of the child. During the late 1970s this perception began to change. Around the same time, state mandatory reporting laws for child abuse became common.

In 1985 a new way to approach child sexual abuse cases developed in Huntsville, Alabama – the Child Advocacy Center (CAC). This model brought the disciplines involved in the investigation and prosecution of child sexual abuse cases together at one table to share information and recommendations for the best interest of the child. According to information listed on the National Children's Alliance (NCA) website (www.nca-online.org), in 2005 there were 378 accredited/accreditation eligible programs and 219 associate member programs utilizing the CAC model. In that same year, there were also104 programs in some stage of development to become a Child Advocacy Center.

The first CAC in South Carolina started in 1989 in Charleston. Currently, there are seventeen child advocacy centers in our state. Nine of these centers are accredited by the NCA.

There is much variation on the actual structure, size, and service provision for individual CACs. As part of the accreditation process, NCA set minimum standards for a Child Advocacy Center. The CAC may be an independent 501(c)(3), a program under an umbrella organization with 501(c)(3) status, or a program within a hospital or government agency. Initially, CACs dealt with the investigative aspects of child sexual abuse with a focus on law enforcement, child protective services and forensic medical exams. Today some CACs provide services for all types of child maltreatment including sexual abuse, physical abuse, neglect, exposure to domestic violence, witness to violent crime, and exposure to dangerous drugs. CACs have also expanded their focus to include the on-site provision or the referral out for mental health treatment necessary to overcome negative effects of identified abuse/risk. NCA standards provide guidance for this programmatic expansion.

NCA Standards:

All CACs that are accredited by NCA must meet the following minimum standards:

1. *Child-Appropriate/Child-Friendly Facility:* A children's advocacy center provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for clients.
2. *Organizational Capacity:* A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative practices.
3. *Cultural Competency and Diversity:* The CAC promotes policies, practices and procedures that are culturally competent. Cultural competency is defined as the capacity to function in more that one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community.
4. *Multidisciplinary Team (MDT):* A multidisciplinary team for response to child abuse allegations includes representation from the following:
    - Law enforcement
    - Child protective service
    - Prosecution
    - Mental health
    - Medical
    - Victim advocacy
    - Children's advocacy center.
5. *Forensic interview:* Forensic interviews are conducted in a manner which is of a neutral, fact finding nature, and coordinated to avoid duplicative interviewing.
6. *Medical Evaluation:* Specialized medical evaluation and treatment are to be made available to CAC clients as part of the team response, either at the CAC or through coordination and referral with other specialized medical providers.
7. *Therapeutic Interventions:* Specialized mental health services are to be made available as part of the team response, either at the CAC or through coordination and referral with other appropriate treatment providers.
8. *Victim Support/Advocacy:* Victim support and advocacy are to be made available as part of the team response, either at the CAC or through coordination with other providers, throughout the investigation and subsequent legal proceedings.
9. *Case Review:* Team discussion and information sharing regarding the investigation, case status and services needed by the child and family are to occur on a routine basis.
10. *Case Tracking:* CACs must develop and implement a system for monitoring case progress and tracking case outcomes for team components.

Source: National Children's Alliance, Standards for Full Member Programs

CACs develop within a community based on the input and needs of that community. The development of a CAC requires the collaboration of the many organizations and agencies involved in the issue of child abuse and children.

The strength of any CAC is based on the "buy in" of the whole community and the willingness to create a coordinated and collaborative response to allegations of child abuse. Because of the individual nature of CACs, many offer services that go beyond the standards set forth by NCA. The best way to understand what the CAC serving your community offers is by taking a tour of the CAC and talking to its staff. Establish a relationship with your local CAC by developing a Memorandum of Understanding (MOU) that defines the role and responsibilities of the CAC and your role in working with the CAC. A protocol outlining the roles and responsibilities of each agency within the community's response to the issue of child abuse may be part of the MOU or may be contained in a separate document. Familiarity with the MOU and the protocol is helpful in working with your local CAC.

What is the benefit of using CACs?

Since CACs specialize in child maltreatment, the CAC staff are experts in this field. As experts they can provide education on the dynamics, identification and response to child maltreatment. Some CACs now have prevention programs to reduce the incidence and/or recurrence of abuse. Because sexual abuse was the initial focus of CACs, their staff can provide information/training on the many issues that make this type of child abuse so complicated. Often CAC staff members serve as expert witnesses regarding delayed disclosure, recantation and the effects of sexual abuse on the child. Because the outcome for child victims is very dependent on how their non-offending caregivers respond to their disclosure of abuse, some CACs work specifically with non-offending caregivers to educate them about child abuse and its ramifications to encourage their full participation in the legal/child protection systems and to strengthen their ability to be a protective resource for their child.

Why should I refer a child to a CAC instead of doing the interview myself?

Research and literature in the field of child sexual abuse indicate that children are less likely to tell about their abuse when the person asking is in a position of authority such as a police officer or child protection worker (Carter, Bottom, & Levine, 1996; Reed, 1996). Also, children need to be in a "safe" environment, away from the alleged offender and the site where the abuse may have occurred. Child Advocacy Centers are designed to be child friendly and to provide a safe and comfortable site for this difficult work.

Forensic interviewers within the CAC have received training in a legally defensible child interviewing protocol. There are several recognized forensic interview protocols including Finding Words from the National Prosecutor's Research Institute, the American Professional Society on the Abuse of Children and the National Children's Advocacy Center protocol. These protocols have basic components in common including:

- develop rapport with the child;
- identify anatomy to establish a common language for body parts;
- identify touches a child may have received;

- elicit a description of any abuse the child might have experienced; and
- close the interview in a respectful way that also provides the child with some very basic safety instructions.

Trained forensic interviewers have also received instruction in child development. Children are not miniature adults and their ability to understand and answer questions is based on the developmental stage of that child. Questions must be framed in a way that is developmentally appropriate for that child. In addition, the child's responses must be evaluated based on the child's developmental level; otherwise the information may be misinterpreted or misunderstood.

Some investigators prefer for child interviews to be conducted by trained CAC employed forensic interviewers because these interviewers are trained to be neutral and objective. Trained interviewers approach the interview with an open mind and with multiple hypotheses to account for the allegation of abuse. Although the CAC interviewer may conduct the actual interview, the child protective services and/or law enforcement investigators are requested and encouraged to be present to observe the interview and to provide input into the process. By observing the interview, the investigative professionals can hear the child's response, observe the child's body language and be present to ask any necessary clarifying questions.

Another important reason to use CACs for forensic interviews is that in 2006 changes were enacted in SC law that allows for an electronically recorded forensic interview conducted by a specially trained forensic interviewer to be introduced by the prosecution in child sexual abuse cases as detailed in Section 17-23-175 of the SC Code of Laws.

Does this mean that an investigator should not have any contact with the child before the forensic interview?

No. In fact in some cases it is mandated that contact be initiated to determine whether the child is in immediate danger. An initial first responder minimal fact interview can be conducted to establish basic information regarding the allegation of abuse. The minimal fact interview is vital in determining whether the child is in a safe environment or if there is a need for emergency protective custody and whether medical attention is needed for the child.

If I refer for the forensic, why do I have to be there to observe?

The CAC model is multidisciplinary in nature and brings the community disciplines together for the best interest of the child. Each discipline has a role and information. The goal of the CAC model is to bring all of those roles and all of that information together and to utilize those pieces to develop a whole picture.

By attending the forensic interview, you bring your knowledge of the case, the family, and the alleged crime scene with you to the interview. The forensic interviewer will not have this information. Additionally, you know the

requirements for criminal charges or for child protective services involvement in the case. If clarification of what a child discloses during the interview is needed, you can ask for it during the interview which prevents someone having to re-interview the child or miss an important part of the case. The interview may reveal information that leads to additional, unexpected charges or areas of concern. Sometimes during the forensic interview a child reveals the existence of evidence. By being present at the forensic interview you will able to respond immediately to avoid the loss of evidence that may be critical to the protection of a child or to holding an offender accountable.

Why is the MDT case review important?

The MDT case review brings together the different disciplines to discuss aspects of the case. By sharing information, the whole team can get the big picture of what is going on with the child/family. Many times, families share information in bits and pieces. When the disciplines convene regularly to discuss the case, all information which has been gleaned from various sources can be shared, resulting in better recommendations for the child/family. Also, many times there is agreement that something needs to be done for a family, but the disciplines may be unclear or have misinformation as to what agency has the ability to intervene. By meeting regularly, each team member gets a better understanding of the role and limitations of the other team members. Instead of having an environment where fingers are pointed but no action occurs, there is an environment of working together to aid the child. The case reviews serve as a vehicle for communication, collaboration and cooperation in support of the best outcome for the child. Knowing each other, knowing the mandates, roles and limitations of our individual disciplines reduces the potential for blame and strengthens our motivation and capacity to work together to improve our community's systems response to victims of child abuse.

What are the roles of the different disciplines on the MDT?

Child Protective Services – involved when a parent or caregiver is accused of the abuse of a child or when a parent or caregiver has not protected a child from abuse. These cases go through the family court system. The focus of Child Protective Services is child protection.

Law Enforcement – involved when a report of a crime is made. The perpetrator of the crime can be anybody. The focus of Law Enforcement is to determine if a crime has been committed and to gather the information and evidence necessary to hold an offender accountable for his/her behavior.

Prosecution – involved in the case after Law Enforcement initiates criminal charges. Assesses whether the case can go forward in criminal court. Brings the case to trial or negotiates a plea.

Mental Health – involved in providing services for the mental well being of the child.

Medical – involved in providing a medical exam and medical interventions to the child.

Victim advocacy – provides support to the victim/family throughout the process and makes referrals to appropriate resources.
Children's advocacy center – presents information and recommendations based on services received at the CAC.

Since they are called child advocacy centers, can they really be objective?
Many people are familiar with the advocacy work done on behalf of other groups and think that there is an immediate bias toward seeing all children who enter the CAC as victims. However, CACs advocate for systems change that makes the reporting, investigation and prosecution of child abuse cases less traumatic for the children who are the subject of these cases. CACs also advocate for the determination of the truth of a child's experience where there is suspected abuse; ensuring the safety and well being of a child identified as abused/maltreated; identifying and reducing any negative effects when abuse is determined; and providing support to non-offending adults in the child's family to strengthen their role as protective resources for their child. All of these issues require objectivity, professionalism, specialized training and a focus on a good outcome for the child. This type of advocacy does not impact the objectivity of the forensic interview. There are avenues within the CAC to advocate for services that the child/family needs but these are separate from the forensic interview itself.

Isn't the medical exam the most important part of a sexual abuse case?
There is a perception that investigators should wait for the medical exam to see if there is any evidence of sexual abuse. The medical exam is only one part of the process. There is physical evidence of sexual abuse in less than 10% of cases where a medical exam is conducted. When you consider that many cases of sexual abuse consist of touches to the private area and oral activity or exposure to sexually graphic material, it is not surprising to have no physical evidence. In addition, with delayed disclosures of sexual abuse (which is the norm for child sexual abuse cases), the child's body has time to heal. This doesn't mean that the medical exam is not important. The medical professionals involved with the exam can explain the results of the exam. If there is a need for treatment, appropriate referrals will be made. A normal exam does not mean no abuse occurred. One of the most important reasons for a medical exam is to reassure the child and the non-offending caregivers that the child's body is okay. The medical exam offers the opportunity for fears regarding the physical impact of abuse to be addressed by the most appropriate person, the medical professional.

To learn more about Child Advocacy Centers or to find a center near you, please visit the South Carolina Network of Children's Advocacy Centers website at www.cac-sc.org.

"Working with Child Advocacy Centers (CACs)"
Fact Sheet

- Accredited and Associated Members of the National Children's Alliance abide by standards in operations and service provision.
- By working with child abuse on a daily basis, CAC staff members are experts in this area.
- The first responder for a child abuse report can conduct a minimal fact interview to assess the immediate safety of the child and then refer the child to a CAC for a forensic interview.
- Forensic Interviewers employed by CACs are objective professionals who have been trained in a forensic interviewing protocol. The Forensic Interviewer will conduct the interview in a way that is developmentally appropriate for the child.
- Law enforcement and child protective services workers can obtain valuable information by observing the forensic interview as it takes place. By being present the investigator can ask for clarification of information disclosed in the forensic interview or can help direct a line of questions about specific information.
- Participation in the Multidisciplinary case review allows for the sharing of information and expertise across disciplines as well as recommendations to aid the child involved.
- In sexual abuse cases, the medical exam is an intricate part of the investigative process. However, there is physical evidence of sexual abuse in less than 10% of sexual abuse cases. A normal medical exam does not rule out sexual abuse of the child.
- To learn more about Child Advocacy Centers or to find a center near you, please visit the South Carolina Network of Children's Advocacy Centers website at www.cac-sc.org.